



**CERTIFICATE OF MAILING**

I hereby certify that this paper, together with all enclosures identified herein, are being deposited with the United States Postal Service as first class mail, addressed to the Commissioner for Patents, Mail Stop Amendment, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below.

2/16/05  
Date

*Kresta L. DeZwaan*  
Kresta L. DeZwaan

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Art Unit : 2873  
Examiner : Ben Loha  
Applicant : Frederick T. Bauer et al.  
Appln. No. : 10/659,808  
Filing Date : September 11, 2003  
Confirmation No. : 5234  
For : DEVICES INCORPORATING  
ELECTROCHROMIC ELEMENTS AND  
OPTICAL SENSORS

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Dear Sir:

Enclosed is an Amendment in response to the Office Action mailed December 21, 2004. The items checked below are appropriate:

Any fee for additional claims has been calculated as shown below:

**CLAIMS AS AMENDED**

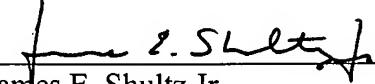
	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	*39	Minus	**39	=00	x \$25	\$00	x \$50	\$00
Independent Claims	*3	Minus	***3	=00	x \$100	\$00	x \$200	\$00
First Presentation of Multiple Dependent Claims					\$180	\$00	x \$360	\$00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$00		\$00

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- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
  - \*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
  - \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  
The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.
1.  Small entity status of this application 37 CFR §§ 1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.  
2.  No additional fee is required.  
3.  A check in the amount of \$\_\_\_\_ is enclosed.  
4.  Charge \$\_\_\_\_\_ to Deposit Account 07-1070.  
5.  Please charge any additional fees or credit overpayment to Deposit Account No. 07-1070. A duplicate of this sheet is attached.

Respectfully Submitted,

Date: Feb. 16, 2005

  
James E. Shultz Jr.  
Registration No. 50,511  
GENTEX CORPORATION  
600 North Centennial Street  
Zeeland, Michigan 49464  
Telephone: (616) 772-1590 x539  
\*Facsimile: (616) 772-5223